

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	213142US0
	First Inventor or Application Identifier	Gottlieb-Georg LINDNER et al
	Title	DOPED PRECIPITATED SILICA
Assignee Name:		Degussa AG
Assignee Address:		Benningsenplatz 1, 40474 Düsseldorf - GERMANY

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS
<input checked="" type="checkbox"/> Specification Total Sheets 21	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s) 3 pp)
<input type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113) Total Sheets 	8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 17 completed)	11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
a. <input type="checkbox"/> Computer Readable Form (CRF)	15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
b. Specification or Sequence Listing on:	16. <input checked="" type="checkbox"/> Other: Request for Priority
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of application Serial No. Filed on

☐ Which was published in English

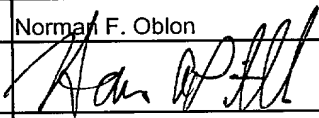
☐ Which was not published in English

☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS



22850
(703) 413-3000
FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	Dec 14, 2001
Name:	Harris A. Pitlick	Registration No.:	38,779

Docket No. 213142US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Gottlieb-Georg LINDNER et al

SERIAL NO: New Application

FILING DATE: Herewith

FOR: DOPED PRECIPITATED SILICA

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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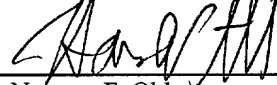
A check in the amount of **\$780.00** to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.

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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.



Norman F. Oblon
Registration No. 24,618

Harris A. Pitlick
Registration No. 38,779

Date: Dec 14, 2001



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/00)